



Cultivating Abilities – Work Experience Project

Participant Application Form

Name: _____ Telephone: _____

Address: _____

Date of birth: _____

Do you have a disability? Yes No Have you applied to Cultivating Abilities before? Yes No

I agree to follow all physical distancing practices if accepted in to the program Yes No

Referred by which agency: _____

What education do you have? Please list grade completed, certificates, training programs completed, courses taken etc. _____

Driver's License: Yes No

What Work or Volunteer Experience do you have?

1.) Job Title _____ Company Name: _____

Dates: _____ Duties: _____

2.) Job Title _____ Company Name: _____

Dates: _____ Duties: _____

3.) Job Title _____ Company Name: _____

Dates: _____ Duties: _____

Please briefly describe what work you would like to be doing. _____



This program requires a commitment of between 20 to 30 hours per week from June 7, 2021 – September 24, 2021 The project is divided into hands-on, outdoor learning and on-the-job work experience in the community. Will you be able to commit to this time for the project?

Yes No Possible concerns _____

I am on a bus route and can use the bus or have access to other suitable transportation to and from Foodshare and the work placement: Yes No

Please list five things to tell us a bit about yourself and/or your interests. i.e. I am energetic, I am interested in music etc.

1. _____
2. _____
3. _____
4. _____
5. _____

You will be contacted about your application. Please note that Nanaimo Foodshare's Cultivating Abilities Employment Strategy Project is funded by Services Canada. As such, we need your agreement to share your information with Services Canada and to provide us with your Social Insurance Number.

Please read and complete the following.

I _____, agree that Nanaimo Foodshare's Cultivating Abilities Opportunity Fund Program will collect and share my information in accordance with the *Privacy Act* in order to assist me in participating in this project.

My Social Insurance Number _____

Signed by _____ Date _____

Attn: Susan or Kandyce (Coordinators) Nanaimo Foodshare: 271 Pine St. Nanaimo, V9R 2B7 Phone:250-619-6402 Fax: 250-753-9335 Email: ca@nanaimofoodshare.ca

Partially funded through the Government of Canada's Opportunities Fund for People with Disabilities.



Government of Canada
Gouvernement du Canada